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AUTHOR	Komland, Ella Kube; And Others
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ABSTRACT

This Head Start evaluation system was developed at the request of the California Head Start Directors Association. There was a broad-based input in all phases of its development, from Head Start directors, Head Start staff from all components, and Head Start parents. It was extensively field tested in one of the major California Head Start programs. In all, more than 200 people were involved in formulating items, in the pilot study, and in post evaluation sessions. The system includes evaluation schedules for the following twelve components: Education (bilingual, bicultural, handicapped children, facilities), Health, Social Services, Mental Health, Parent Involvement, Training and Career Development, Nutrition, Volunteers (other than parents), and administration. The format is a 4-point rating scale on which the evaluator reacts to a performance standard indicating: performance exceeds the standard; performance meets the standard; performance is somewhat below the standard and needs improvement; and performance is substantially below the standard and needs immediate improvement. Space is provided for comments and recommendations. (Author/RC)

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TM 004 518

EVALUATING OURSELVES IN HEAD START

California Head Start
Directors Association
314 West 6th Street
Los Angeles, California 90014

HEAD START EVALUATION

EVALUATING OURSELVES

The Head Start evaluation system, Evaluating Ourselves, was developed at the request of the California Head Start Directors Association. There was a broad-based input in all phases of its development, from Head Start directors, Head Start staff from all components, and Head Start parents. It was extensively field tested in one of the major California Head Start programs. In all, more than 200 people were involved in formulating items, in the pilot study, and in post evaluation sessions.

The system was constructed by Dr. Ella Kube Nomland, Senior Research Analyst in the Head Start Program at the Greater Los Angeles Community Action Agency, and two consultants, Dr. Luelyne Doscher and Ms. Stefan Harvey. Dr. Doscher, of Houston, Texas, is director of a social research and evaluation firm, and is the Psychologist for Cypress-Fairbanks Independent School District. Ms. Harvey, of Washington, D. C., is with the Mexican-American Development Corporation and previously worked on a Federal evaluation system.

The Head Start Evaluation System includes evaluation schedules for the following 12 components:

Education: General
Bilingual, bicultural
Education: Handicapped children
Facilities
Health
Social Services
Mental Health
Parent Involvement
Training and Career Development
Nutrition
Volunteers (other than parents)
Administration

For most of the components the items in the evaluation are based on the 1973 Head Start Program Performance Standards. For those components for which no new performance standards were published, items are based on the 1967 Head Start Manual of Policies and Instructions. Other documents consulted included: Head Start Policy Manual-Transmittal Notice, 2-28-73, N-30-333-1 on Services to Handicapped Children; Exceptional Children in Head Start, by Joseph Lapides, Ed.S., Regional Resource Training Center, Maryland, (no date) 1973; Head Start Policy Manual-Transmittal Notice, 8-21-72, N-30-334-1 on Program Options for Head Start; Memo, 6-6-73, to Head Start Grantees, Region IX, from HEW Regional Office, on April 16, 1973 Head Start Fee Schedule Regulations published in the Federal Register.

We believe this evaluation system to be an important and workable contribution to the evaluation process of our Head Start program. We hope to go on improving it and to that end solicit your comments and suggestions.

California Head Start Directors Association

1973

INSTRUCTIONS FOR EVALUATION OF PERFORMANCE

The evaluation format is a 4-point rating scale on which:

* means that performance exceeds performance standards,

1 means that performance meets performance standards,

2 means that performance is somewhat below the performance standards and needs improvement,

3 means that performance is substantially below the performance standards and needs immediate improvement.

For each performance standard, we have defined the performance which is substantially below the performance standards and needs immediate improvement; such performance is indicated by (3) in front of the statement describing the performance; and we have defined the performance which meets the performance standard; such performance is indicated by (1) in front of the statement describing the performance.

If your evaluation agrees with the definition of performance which is substantially below the performance standards and needs immediate improvement, circle 3 in the right-hand margin.

If your evaluation agrees with the definition of performance which meets the performance standards, circle 1.

If you judge the performance to be somewhere in-between (1) and (3), circle 2.

If you judge the performance to exceed the performance standards, circle *.

After each performance standard, we have left a blank line. If you want to comment on the performance - in addition to the rating - please do so on this line.

On the last page, there is space for you to comment on anything that you feel is not covered or that you want to call special attention to.

Under recommendations, please indicate what action should be taken to improve the program.

EVALUATION OF EDUCATION

at_____
Agency

A. OBJECTIVES

1. PROVIDE CHILDREN WITH A LEARNING ENVIRONMENT AND THE VARIED EXPERIENCES WHICH WILL HELP THEM DEVELOP SOCIALLY, INTELLECTUALLY, PHYSICALLY, AND EMOTIONALLY IN A MANNER APPROPRIATE TO THEIR AGE AND STAGE OF DEVELOPMENT TOWARD THE OVERALL GOAL OF SOCIAL COMPETENCE.

2. INTEGRATE THE EDUCATIONAL ASPECTS OF THE VARIOUS HEAD START COMPONENTS IN THE DAILY PROGRAM OF ACTIVITIES.

3. INVOLVE PARENTS IN EDUCATIONAL ACTIVITIES OF THE PROGRAM TO ENHANCE THEIR ROLE AS THE PRINCIPAL INFLUENCE ON THE CHILD'S EDUCATION AND DEVELOPMENT.

4. ASSIST PARENTS TO INCREASE KNOWLEDGE, UNDERSTANDING, SKILLS, AND EXPERIENCE IN CHILD GROWTH AND DEVELOPMENT.

5. IDENTIFY AND REINFORCE EXPERIENCE WHICH OCCURS IN THE HOME THAT PARENTS CAN UTILIZE AS EDUCATIONAL ACTIVITIES FOR THEIR CHILDREN.

B. PERFORMANCE

I. EDUCATION: GENERAL

		Exceeds	Meets		Needs immediate action
#1	CLASSROOM PROGRAM GOALS: SPECIFIC AND WRITTEN				
	(1) There is a (3) There is no	*	1	2	3
	written statement of clearly stated, specific program goals, including all goals outlined by OCD (Performance Standards: Education).				
#2	CLASSROOM ACTIVITIES AND FACILITIES: Dramatic Play				
	(1) There is a (3) There is no	*	1	2	3
	clearly defined place and adequate time for free dramatic play, with dolls, doll-size equipment and clothes. (These include materials for variety of community and home activities, in a variety of settings (farm-city), for all races, sexes, ages, family roles, i.e., lunch pails, typewriters, toy money, cash registers, community workers hats, etc. Equipment is in good repair. Clothes are clean and mended and easy to put on and take off.)				
#3	CLASSROOM ACTIVITIES AND FACILITIES: Block play				
	(1) There is a (3) There is no	*	1	2	3
	special area cleared (or clearable) for free block play and a wide variety of block equipment. (The area can be set up to be out of the path of the other children. It is large				

enough for building. The blocks are of all sizes and shapes (square, cylinder, triangle, floor boards, roofboards). There are accessories (toy people, animals, cars, trains, linoleum squares). Blocks and toys are easy to reach, stored neatly, have smooth surfaces. There are block shelves.

#4 CLASSROOM ACTIVITIES AND FACILITIES: Manipulative Play

(1) There is a (3) There is no * 1 2 3

special area and adequate time allowed, either outside or inside, for practice in use and control of muscles. (For smaller muscle (finger, hand) and eye-hand play, there are blocks, clay, finger-paint, paper, crayons, stringing beads hammer-nail sets, hard and easy puzzles. For larger muscle play, there are balance beams, hollow blocks, jungle gym, woodwork. All equipment is in good condition.)

#5 CLASSROOM ACTIVITIES: Manipulative Play

(1) There is adequate (3) There is no * 1 2 3

time given to games that teach use and control of muscles such as finger-plays, and hopping, jumping, skipping.

#6 CLASSROOM ACTIVITIES AND FACILITIES: Books and Language Activity

(1) There is a (3) There is no * 1 2 3

special area for children to use books and for other language activities. (The book area is relatively quiet and comfortable. Books are in good repair, attractively set out, and about a variety of subject at Head Start level. There is a wide variety of materials to stimulate language development (puppets, flannel boards, tape-recorder, pictures, photographs.)

#7 CLASSROOM ACTIVITIES: Communication

(1) There is constant (3) There is little or no * 1 2 3

systematic encouragement to increase language development communication between children and between children and adults at all times, including lunch. (Telephone play, acting out daily experiences.)

#8 CLASSROOM ACTIVITIES AND FACILITIES: Woodworking

(1) There is (3) There is no * 1 2 3

equipment and evidence of use of equipment, for woodworking. (This includes all standard tools, child-size; and materials such as scrapwood, old wheels, spools, jar lids, wire, large-head nails. The woodwork space outside or inside is large enough, and out of traffic. There is enough storage space for the materials. Woodworking activities are well supervised.)

#9 CLASSROOM ACTIVITIES AND FACILITIES: Science Activity

(1) There is (3) There is no * 1 2 3

evidence of science activity and planning to arouse curiosity and participation. (Materials that use the different senses: for feeling and touching -- clay, water, objects, fabrics; for smelling; for tasting; for comparing; for observing nature and the environment -- magnifying glass, see-thru seed containers, mirrors, pulleys, old clocks).

#10 CLASSROOM ACTIVITIES AND FACILITIES: Math

(1) There are (3) There are no * 1 2 3

materials for experience with number and size concepts: (Things to count, measure, weigh, balance; rulers, measuring cups, spoons.)

#11 CLASSROOM ACTIVITIES AND FACILITIES: Arts and Crafts

(1) There is evidence of (3) There is no * 1 2 3

children's creative art activity: Art materials are available which allow the child to freely explore and express his own ideas and are organized and accessible including paper (many sizes and kinds, like newsprint, colored construction paper, tissue, crepe, metallic); clay and play dough (homemade or bought); collage materials (buttons, beads, seeds, yarn, scraps, sponges); mounting materials (glue, paste, masking and scotch tape); punch, stapler, paper clips, scissors, rubber bands, all clean and ready to use.

#12 CLASSROOM ACTIVITIES AND FACILITIES: Music and Movement

(1) There are (3) There are no * 1 2 3

materials or program arrangements for music, rhythmic activities, and listening skills, as regular parts of the program. (The program includes musical instruments - commercial or homemade, records, tape recorder, outdoor sounds, dancing, movement, singing.)

#13 CLASSROOM ACTIVITIES AND FACILITIES: Water and Sand

(1) There are (3) There are no * 1 2 3

provisions for water and sand (or sand substitute) play. (Materials are varied, and include plastic pans and tubs and equipment to pour, squirt, strain, float, sink, measure, blow bubbles.)

#14 Outdoor Equipment and Activities

(1) There are many (3) There are few or no * 1 2 3

kinds of outdoor equipment or activities for both social and solitary play in good repair suitable for this age:

Equipment (trikes, swings, slides) and games with turns;
Toys which allow for more than one child (wagon);
Game with balls, bean bags, ropes;
Smooth, flat surfaces for running, hopping, jumping activities;
Climbing apparatus (trees, jungle gym, ropes, ladders, steps, large crates);
Throwing and catching, bouncing, kicking (balls);
Pulling, pushing, hauling, lifting (large blocks, boxes);
Jumping and balancing (tires, boards, ramps);
Crawling (tunnels of barrels, sewer pipes);
Pedaling (trainer bikes).

#15 Emotional - Social Growth: Emotional Atmosphere

(1) Children are (3) Children are not * 1 2 3

encouraged to feel free to move about, and to interact freely with each other and adults.

#16 Emotional - Social Growth: Healthy Self-Concept
Building of the child's self-esteem

(1) is very much (3) is not * 1 2 3

a concern of all of the staff and parents. Children's question's are responded to. There is attention to children's remarks. Many success experiences are provided. Awareness and respect for self and others' variety of behaviors is built with games, stories of other cultures, parents' experiences, mirrors, drawings of self, photographs, etc.

#17 Social - Emotional: Self-Concept

(1) The child is (3) The child is not * 1 2 3

respected, responded to and treated as an individual, rather than labeled "good" or "bad". Adults make an effort to physically come down to eye level.

#18 Emotional - Social Growth: Interpersonal

(1) There is a (3) There is very poor * 1 2 3

balance between individual, small group and large-group experiences in the course of the day.

#19 Emotional - Social Growth: Social Competence

(1) Regularly (3) Never * 1 2 3

staff, aides, parents and children eat together, with meal times used for reinforcing children's social relational skills.

#20 Emotional - Social Growth: General Behavior Model

(1) Children are praised for (3) Children are criticized for * 1 2 3

spontaneity and creativity, talking to others and working with others, (rather than being quiet, staying in line, and politeness.)

#21 Intellectual Growth: Numbers and Words

(1) There is a (3) There is no * 1 2 3

recognizable program for regular and repeated experiences throughout the day to build toward using symbols (numbers and words, shapes, forms, and value) -- labels, letters, numbers, shapes, manipulative materials, puzzles, active games, songs, comparison and value, appropriate to the age and developmental level of the child.

#22 Intellectual Growth: Understanding Concepts

(1) There is a (3) There is no * 1 2 3

recognizable effort to help children, throughout their school day, to learn to recognize similarities, to think about and organize their experiences, and to understand and arrive at a general concept.

#23 Intellectual Growth: Problem - Solving, Decision - Making

(1) There is a (3) There is no * 1 2 3

recognizable effort to make the child's experiences, throughout the day, "learning by doing", --making choices, experimenting, questioning, trying new things and new ways to solve problems and to master skills.

#24 Individualization of Program

(1) Each child is (3) Children are not * 1 2 3

regularly observed so that individual needs and progress can be recorded, and individual programming to meet changing intellectual, and social-emotional needs is accomplished.

#25 Independence

(1) The teacher staff encourages (3) The staff discourages * 1 2 3

independence -- letting the children do things for themselves, such as, pour milk, put on coat, serve own food. Child initiates play activities and plans activities with staff.

#26 Daily Schedule

(1) There is a (3) There is no * 1 2 3

posted, daily schedule which shows consistent, flexible planning by the teaching team.

#27 Daily Schedule

(1) The schedule does (3) The schedule fails to * 1 2 3

include a balance of short and long, indoor and outdoor, free and structured, individual or small, group or large-group, activities. Children are not required to all do something at the same time.

#28 Staff: Daily Planning and Evaluation Meetings

(1) Staff does (3) Staff does not * 1 2 3

meet daily after class to evaluate and plan for next day.

#29 Staff: Teaching Team and Implementing Goals

(1) The teaching team works together (3) The team members contradict each other * 1 2 3

on how to implement specific program goals, and on dividing the jobs equally.

#30 Relationships with Staff in Other Components

(1) Monthly (3) Infrequently -- once or twice a year * 1 2 3

the teaching staff holds meetings with staff in other components.

#31 Teaching Staff: Relationships with Parents

(1) 3 or more (3) No * 1 2 3

home visits are made to the house of every child by the teaching staff, during the year.

#32 Teaching Staff: Relationships with Parents

(1) Teaching staff does (3) Teaching staff does not * 1 2 3

provide for regular parent conferences or for regular educational meetings with parents.

#33 Supervision of Children

(1) At all times (3) There are times when not * 1 2 3

all members of the teaching team are involved with children in different areas of the room and/or yard, rather than socializing with adults during class hours.

#34 Planning and Evaluation

(1) There is a (3) There is no * 1 2 3

method for written recording of regular observation of children and children's progress.

Education

COMMENTS:

RECOMMENDATIONS:

This evaluation was completed by _____
(Name)

_____
(Agency)

Date: _____

Check One:

_____Staff

_____Parent

_____Volunteer

II. BI-LINGUAL, BI-CULTURAL EDUCATION			Exceeds	Meets	Needs Immediate action
#1	(1) There is a written plan for bi-lingual, bi-cultural education.	(3) There is no	*	1	2 3
#2	(1) The child is allowed to speak his home language.	(3) The child is not	*	1	2 3
#3	(1) The program does encourage the child to learn competence in a second language throughout the course of his daily activities.	(3) The program does not	*	1	2 3
#4	(1) There is an adult present, in a class in which the majority of the children speak a language other than English, who speaks the children's language, to interact regularly with them.	(3) There is no	*	1	2 3
#5	(1) Special arrangements are made to meet the needs of a single child or a small group of children who speak a language different from the rest.	(3) No special arrangements	*	1	2 3
#6	(1) The curriculum is adapted to the language which the child speaks most easily or is most comfortable with, rather than English only.	(3) There is no adaptation of curriculum	*	1	2 3
#7	(1) Parents are included in curriculum development for bi-lingual, bi-cultural education.	(3) Parents are not	*	1	2 3
#8	When there are one or more children in the classroom who speak a language other than English, (1) there are books to be read to the child in the child's home language and relevant to his cultural background, available in the classroom.	(3) there are no	*	1	2 3
#9	When there are one or more children in the classroom who speak a language other than English, (1) the teaching plan includes stories told in the child's home language and stories relevant to his cultural background.	(3) the teaching plan includes no	*	1	2 3

#10 (1) Parents (3) No parents * 1 2 3

and other community people are involved as resource people in bi-lingual, bi-cultural education.

#11 (1) A special effort (3) No effort * 1 2 3

is made to involve bi-lingual parents and other bi-lingual community people as resource people for the whole educational program.

#12 (1) There are (3) There are no * 1 2 3

play materials relevant to the child's cultural background available in the classroom (such as dolls, puppets, and games).

#13 (1) Music activities do (3) Music activities do not * 1 2 3

include songs, dances and instruments representing the children's own and other cultural backgrounds.

#14 (1) There is (3) There is no * 1 2 3

inclusion in the curriculum on food and in the menu of a variety of ethnic foods, not just traditional majority foods.

#15 (1) There are (3) There are not * 1 2 3

visual and other curriculum aids concerning health available in the child's home language and including scenes from his cultural background.

#16 (1) There is an (3) There is no * 1 2 3

adult present at the child's health examination and screenings who speaks the child's home language and can act as an interpreter to the nurse or doctor if necessary .

#17 (1) There is (3) There is no * 1 2 3

provision that assessment of the child's development and needs (whenever such assessment involves oral communication) is made by a person who understands the child's home language (mental health staff, social worker, nurse, teacher).

#18 (1) All (3) No * 1 2 3

information about the child's activities, the Head Start program, parents' activities, community resources and parent workshops—is made available to the parents in their home language.

#19 (1) There is (3) There is no * 1 2 3

provision made to communicate with a single parent or a small group of parents who speak a language other than English.

#20 (1) There is (3) There is no * 1 2 3

encouragement of staff in all components to learn a second language spoken by a substantial number of children and their families in the program, and provision of opportunities to learn a second language.

#21 (1) Training includes (3) There is no provision for * 1 2 3

teaching staff participation in bi-lingual, bi-cultural education workshops at least twice a year, preferably more.

#22 (1) There is a great deal of concern for bi-lingual, bi-cultural education. (3) There is little demonstrated concern for bi-lingual, bi-cultural education. * 1 2 3

(To be based on at least the following 3 questions:)

How many staff members are especially interested in bi-lingual, bi-cultural education?_____

How many of your staff members have taken training courses during the program year?_____

How many of them are taking Spanish language classes?_____

Bi-lingual, Bi-cultural Education

COMMENTS:

_____

_____

_____

_____

_____

_____

RECOMMENDATIONS:

_____

_____

_____

_____

_____

_____

This evaluation was completed by _____
(Name)

_____
(Agency)

Date: _____

Check one:

_____ Staff

_____ Parent

_____ Volunteer

III EDUCATION: HANDICAPPED

Exceeds Meets | Needs immediate action

#1 Meeting The 10% Criterion

(1) At least 1 in every 10 (3) Less than 1 in every 10 * 1 2 3

children served in this Head Start program, with any one of the program options---including home service--is a certified handicapped child.

To help you decide on #1, list here:

The number of children in this program certified as handicapped _____
The number of children being examined, or for whom examination arrangements are in progress _____

#2 Individualization Of Program: Options

(1) A variety of types (3) No modification * 1 2 3

of program options is used to adapt planning to the particular needs of particular children.

#3

(1) There is extensive (3) There is no * 1 2 3

coordination of planning a total program to meet individual handicapped children's needs, with other community agencies.

#4 (1) There is (3) There is no * 1 2 3

systematic recruitment of and plan to identify children who should be examined to determine whether they can be certified as handicapped.

#5 (1) There is (3) There is no * 1 2 3

systematic arrangement for qualified, trained professionals to fully assess the needs of children with difficulties identified by parents, community agencies, community representatives - such as church — etc. and to certify them as handicapped.

#6 (1) There is (3) There is no * 1 2 3

planned periodic (at least once a year)/on-going/assesament/by trained specialists/of the needs and progress of certified handicapped children.

#7 (1) There is a requirement (3) There is no requirement * 1 2 3

that the child be terminated only when: 1) in the best interest of the child, 2) jointly recommended by staff and professionals and 3) supported by written documentation.

---

(1) There is (3) There is no * 1 2 3

[illegible] of available community resources in programming for the handicapped child.

#9 (1) A full (3) A very limited * 1 2 3

range of comprehensive services by Head Start components is given to each handicapped child.

#10 Planning For Services After Head Start Period

(1) Plans are (3) No plans are * 1 2 3

made/jointly with other community agencies/for obtaining necessary and desirable services, after the handicapped child leaves Head Start.

#11 Release-Time For Training

(1) The program includes (3) The program fails to plan * 1 2 3

time and transportation facilities for the handicapped child to receive special training for his particular needs — such as training in management of a wheel chair.

#12 Increased Personnel

(1) There is (3) There is no * 1 2 3

provision to increase the number of available adults to meet handicapped children's needs, by use of more paid staff, or volunteers, or persons from other community agencies (such as tutors from the Commission for the Blind and Partially Sighted).

#13 (1) Budget is allocated (3) There is no budget * 1 2 3

for renovation of facilities to meet handicapped children's needs, such as ramps.

#14 (1) There is (3) There is no * 1 2 3

provision of transportation, under supervision, for the handicapped children.

#15 (1) Strict rules (3) No strict rules * 1 2 3

are observed on medication at school including: a. Medicine given at school by no one other than the director or designated substitute person. b. Only prescribed medicine, (as prescribed), c. Or if over-the-counter medicine (aspirin, etc.) d. Medicine is clearly labelled. e. It is out-of-reach of the children, and under lock and key. f. Given only with written parent consent.

#16 Where other agencies are serving a Head Start handicapped child, the Head Start program

(1) supplements (3) fails to supplement * 1 2 3

the service of the other agencies, as planned jointly with the agencies.

#17 (1) There are (3) There are no * 1 2 3

written records/to prove that definite, affirmative action/with other community agencies/is being taken by Head Start staff, on behalf of Head Start children.

Education: Handicapped

COMMENTS:

RECOMMENDATIONS:

This evaluation was completed by _____
(Name)

_____
(Agency)

Date: _____

Check One:

_____Staff

_____Parent

_____Volunteer

IV. EDUCATION: FACILITIES

at _____
Agency

* Exceeds 1 Meets 2 Needs 3 Immediate action

#1 Classroom: Light

(1) The classroom is well-lighted.

(3) The classroom is too dark or too bright, causing eyestrain.

#2 Temperature * 1 2 3

(1) The classroom is well ventilated.

(3) The classroom is too hot or too cold. Children seem uncomfortable.

#3 Ventilation * 1 2 3

(1) The classroom is well ventilated.

(3) The classroom is stuffy or drafty.

#4 Cleanliness * 1 2 3

(1) The classroom has a generally clean appearance. The premises are clean and free of undesirable conditions (such as rodents and fumes).

(3) The classroom is not clean (chairs are sticky, toilet facilities are not clean).

#5 Safety

(1) The classroom is (3) The classroom is not * 1 2 3

safe. (Free of slippery surfaces, broken windows, splintery doors, sharp or protruding corners and edges, stairways have railings.)

#6 (1) There are (3) There are no * 1 2 3

markings on clear glass doors to avoid accidents.

#7 (1) There is (3) There is not * 1 2 3

a safe and effective heating system. (Radiators, hot water pipes, and similar hazards are adequately screened or insulated to prevent burns).

#8 (1) There are no (3) There are * 1 2 3

special areas for storing cleaning supplies, "potential" poisons, and other dangerous materials accessible only to authorized persons, and not within reach of children

---

#9 (1) There are no (3) There are * 1 2 3

highly inflammable decorations or furnishings.

#10 Noise * 1 2 3

(1) There is no excessive noise

(3) There is excessive noise (other than noise made by children.)

#11 Order * 1 2 3

(1) The classroom has well-organized and defined areas.

(3) The classroom is cluttered and disorderly.

#12 Maintenance * 1 2 3

(1) The classroom and its furnishings are easily cleaned.

(3) The classroom and its furnishings are hard to clean (repeated cleaning still leaves dirty appearance).

#13 Space

(1) There is (3) There is not * 1 2 3

35 feet or more per child in the classroom.

#14 Exits * 1 2 3

(1) There are (3) There are not

two doors leading outside from each classroom.

#15 Fire Extinguisher

(1) There is (3) There is not * 1 2 3

an easily accessible fire extinguisher which is in good working condition, and has a currently valid inspection seal.

#16 Condition of Facilities

(1) Facilities are (3) Facilities are not * 1 2 3

in good condition: (e.g., no holes in the carpet, no peeling paint and the toilet and handwashing facilities are in good working order).

#17 Condition of Equipment: Tables * 1 2 3

(1) There are child-size tables; there are enough tables for all children to work comfortably; tables are sturdy.

(3) Tables are awkward for children to reach; children are crowded because there are not enough tables; tables are tippy.

#18 Condition of Equipment: Chairs * 1 2 3

(1) There are (3) There are not

child-size chairs which allow the feet to touch the floor.

#19 Number of chairs

(1) There is (3) There is not * 1 2 3

a chair for each child.

#20 Shelving

(1) There is (3) There is not * 1 2 3

a sufficient quantity of sturdy shelving.

#21 (1) There are (3) There are no * 1 2 3

secure places (filing cabinets) to keep medical records, progress reports, and other important papers.

#22 Outdoor Area
Space

(1) There are (3) There are not * 1 2 3

75 square feet per child outside.

#23 Safety

(1) There is (3) There is not * 1 2 3

a safe outdoor play area: Fence or other barrier to prevent children from getting into unsafe areas (e.g., ponds or pools accessible to children without supervision), sharp or pointed objects are not found in the area.

#24 Shade * 1 2 3

(1) The yard is well shaded (by trees, umbrellas).

(3) The yard is without shade.

#25 Equipment

(1) The yard has (3) The yard does not have # 1 2 3

a variety of equipment and opportunities for 3 and 4 year old children; (equipment for running, climbing and jumping; equipment that promotes many forms of movement; riding, swinging, and crawling).

_____

EDUCATION: Facilities

COMMENTS:

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RECOMMENDATIONS:

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_____

This evaluation was completed by _____
(Name)

_____
(Agency)

Date: _____

Check One:

_____Staff

_____Parent

_____Volunteer

EVALUATION OF HEALTH SERVICES

at_____
Agency

A. OBJECTIVES

1. PROVIDE A COMPREHENSIVE HEALTH SERVICES PROGRAM WHICH INCLUDES A BROAD RANGE OF MEDICAL, DENTAL, MENTAL HEALTH AND NUTRITION SERVICES TO PRESCHOOL CHILDREN, INCLUDING HANDICAPPED CHILDREN, TO ASSIST THE CHILD IN HIS PHYSICAL, EMOTIONAL, COGNITIVE AND SOCIAL DEVELOPMENT TOWARD THE OVERALL GOAL OF SOCIAL COMPETENCE.

2. PROMOTE PREVENTIVE HEALTH SERVICES AND EARLY INTERVENTION.

3. PROVIDE THE CHILD'S FAMILY WITH THE NECESSARY SKILLS AND INSIGHT AND OTHERWISE ATTEMPT TO LINK THE FAMILY TO AN ONGOING HEALTH CARE SYSTEM TO ENSURE THAT THE CHILD CONTINUES TO RECEIVE COMPREHENSIVE HEALTH CARE EVEN AFTER HE LEAVES THE HEAD START PROGRAM.

B. PERFORMANCE

			Exceeds	Meets		Needs immediate action
#1	Orientation Program					
	(1) There is	(3) There is not	*	1	2	3
	an orientation program/jointly developed by Health Services Staff in all other components and parents/concerning child development and behavioral and developmental problems of preschool children/provided during the first six weeks of the program year.					
#2	Health Education For Parents					
	(1) There is	(3) There is not	*	1	2	3
	health education for parents in principles of preventive health, first aid measures, and safety practices in a variety of ways (classes, posters, fliers on current problems, pamphlets, notification of health activities in the community).					
#3	Health Education In The Classroom					
	(1) There is	(3) There is not	*	1	2	3
	health education (including cleanliness, safety, brushing teeth) integrated into on-going classroom and other program activities in a variety of ways (e.g., books, pamphlets, records, films, stories).					
#4	Health Education In The Classroom					
	(1) Children are	(3) Children are not	*	1	2	3
	familiarized with all health services they will receive prior to their contacts with doctors and dentists.					

#5 Authorization

(1) Parents do (3) Parents do not * 1 2 3

sign authorization for provision of health services prior to the delivery of those services and have a thorough understanding of what they are signing.

#6 Parents Involvement In Health Services

(1) There is much effort (3) There is little effort * 1 2 3

to encourage parents to accompany their child to medical and dental exams and appointments and to become involved in the health care process relating to their child.

#7 Conferences: Special Needs

(1) There are (3) There are not * 1 2 3

individual conferences held between staff and parents of children having special needs which include planning and implementing educational programs to help parents meet these special needs.

#8 Speech Problems

(1) There is a (3) There is not a * 1 2 3

plan for identifying speech problems/determining their cause/and providing appropriate services.

#9 Handicapped Children

(1) There is a (3) There is no * 1 2 3

procedure for identifying the special needs of handicapped children.

#10 Treatment Program

(1) There is a (3) There is not a * 1 2 3

treatment program for children with identified health problems.

#11 Immunizations

(1) Immunizations are (3) Immunizations are not * 1 2 3

initiated before the child is enrolled in Head Start and completed three months after enrollment.

#12-13 Dental Services

#12 (1) Dental care services include (3) Dental care services do not include * 1 2 3

prophylaxis and instructions in self-care and hygienic procedures.

#13 (1) Dental services do include (3) Dental services do not include * 1 2 3

the application of topical fluoride in communities which lack adequate fluoride levels in the public water supply.

#14 Dental Treatment

(1) Dental treatment is (3) Dental treatment is not * 1 2 3

provided for children with identified dental problems such as restoration of decayed primary and permanent teeth, pulp therapy for primary and permanent teeth, extraction of non-restorable teeth, and service required for the relief of pain and acute or chronic infection.

#15 Annual Re-assessment

(1) There is (3) There is not * 1 2 3

an annual re-assessment of the health of children who re-enroll in the second year.

#16 Staff

(1) All staff (3) Not all staff * 1 2 3

has had an initial health examination.

#17 Volunteers: TB Screening

(1) All volunteer staff (3) Not all volunteer staff * 1 2 3

is screened initially and annually for TB/with documentation available.

#18 Individual Health Records

(1) There are (3) There are not * 1 2 3

complete individual health records containing the following: medical and developmental history, screening results, medical and dental examination data.

#19 Forwarding Individual Health Records

(1) Parental approval is (3) Parental approval is not * 1 2 3

obtained before forwarding individual health records to the school system and/or health delivery system.

#20 HPAR

(1) The Health Services Program uses (3) The Health Services Program does not use * 1 2 3

the Health Program Assessment Report.

#21 Resource File

(1) There is (3) There is not * 1 2 3

a resource file for health services/compiled by the Health Services staff/ including information about type of health services available, fee schedule, whether interpreter is needed, etc/updated at least every three months.

#22 Resources File

(1) Parents are (3) Parents are not * 1 2 3

informed about all available health resources, in a variety of ways,(e.g., personal conferences, parents' meetings, leaflets, booklets containing names and telephone numbers of local health resources and a short summary of services).

Extent of Health Services

(Information to be obtained from Health Records submitted for each class).

#23 Medical History

(*) A complete medical and developmental history is obtained for 95% to 100% of the children. * 1 2 3
(1) A complete medical and developmental history is obtained for 85% to 94% of the children.
(2) A complete medical and developmental history is obtained for 75% to 84% of the children.
(3) A complete medical and developmental history is obtained for less than 75% of the children.

#24 Screening:
Growth Assessment (age, weight, height, head circumference)

(*) Growth assessment for 80% to 100% of the children. * 1 2 3
(1) Growth assessment for 65% to 79% of the children.
(2) Growth assessment for 50% to 64% of the children.
(3) Growth assessment for less than 50% of the children.

#25 Vision Testing:

(*) For 95% to 100% of the children. * 1 2 3
(1) For 85% to 94% of the children.
(2) For 75% to 84% of the children.
(3) For less than 75% of the children.

#26 Hearing Testing:

(*) For 95% to 100% of the children. * 1 2 3
(1) For 85% to 94% of the children.
(2) For 75% to 84% of the children.
(3) For less than 75% of the children.

#27 Assessment Of Immunization Status:

(*) For 95% to 100% of the children. * 1 2 3
(1) For 85% to 94% of the children.
(2) For 75% to 84% of the children.
(3) For less than 75% of the children.

#28 Laboratory Work:
Hemoglobin or Hematocrit Determination

(*) For 80% to 100% of the children. * 1 2 3
(1) For 65% to 79% of the children.
(2) For 50% to 64% of the children.
(3) For less than 50% of the children.

#29 Tuberculin Testing:

(*) For 80% to 100% of the children. * 1 2 3
(1) For 65% to 79% of the children.
(2) For 50% to 64% of the children.
(3) For less than 50% of the children.

#30. Urinalysis:

(*) For 80% to 100% of the children. * 1 2 3
(1) For 65% to 79% of the children.
(2) For 50% to 64% of the children.
(3) For less than 50% of the children.

#31 Medical Examinations Are Performed:

(*) For 80% to 100% of the children. * 1 2 3
(1) For 65% to 79% of the children.
(2) For 50% to 64% of the children.
(3) For less than 50% of the children.

#32 (ONLY FOR THOSE HEAD START AGENCIES FOR WHOM FUNDING IS PROVIDED BY NON-HEAD START FUNDING SOURCES (e.g., FEDERAL PROGRAMS).

(1) There is (3) There is not * 1 2 3

written documentation that such funds are used to the maximum feasible extent.

Health Services

COMMENTS:

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RECOMMENDATIONS:

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This evaluation was completed by _____
(Name)

_____
(Agency)

Date: _____

Check One:

_____Staff

_____Parent

_____Volunteer

EVALUATION OF SOCIAL SERVICES

at_____
Agency

A. OBJECTIVES

1. ESTABLISH AND MAINTAIN AN OUTREACH AND RECRUITMENT PROCESS WHICH SYSTEMATICALLY INSURES ENROLLMENT OF ELIGIBLE CHILDREN.
2. PROVIDE ENROLLMENT OF ELIGIBLE CHILDREN REGARDLESS OF RACE, SEX, CREED, COLOR, NATIONAL ORIGIN, OR HANDICAPPING CONDITIONS.
3. ACHIEVE PARENT PARTICIPATION IN THE CENTER AND HOME PROGRAM AND RELATED ACTIVITIES.
4. ASSIST THE FAMILY IN ITS OWN EFFORTS TO IMPROVE THE CONDITIONS AND QUALITY OF FAMILY LIFE.
5. MAKE PARENTS AWARE OF COMMUNITY SERVICES AND RESOURCES AND FACILITATE THEIR USE.

B. PERFORMANCE

			Exceeds	Meets		Needs immediate action
#1	(1) There is	(3) There is no	*	1	2	3

on-going training for the staff in identifying social service needs of Head Start families (In-service, individual case conferences, etc.)

#2	(1) There is	[illegible]	-	1	2	3

[illegible] session (individual or group) with parents concerning the kinds of social services available to them not later than 4 weeks after the child's enrollment.

#3	(1) There are at least two	(3) There are no	*	1	2	3

meetings with parents during the program year (other than orientation session) to deal with social services.

#4	(1) There is	(3) There is not	*	1	2	3

a written plan which describes the availability of counseling, emergency assistance or crisis intervention, knowledge of community resources, and follow up to assure delivery of needed assistance.

#5	(1) There are	(3) There are no	*	1	2	3

records with pertinent family data (such as, Face Sheet, Family Profile) available for all families.

#6 (1) On 90% or more (3) On less than 70% * 1 2 3

of the families, there is a social services summary, with a record of conferences with parents, referrals, and follow-up.

#7 (1) There are (3) There are not * 1 2 3

complete written records of all referrals of families to social service agencies.

#8 (1) Files are (3) Files are not * 1 2 3

locked when staff is not present, and limited for access only to authorized personnel.

#9 (1) There is a strict requirement that (3) There is no rule that * 1 2 3

social services records are passed on in summary form only to the schools, with parent consent at the time the summary is sent.

#10 (1) Provision is made (3) No provision is made * 1 2 3

for emergency assistance or crisis intervention outside regular office hours, (e.g., emergency phone number of a staff member, community hot lines).

#11 (1) There is an up dated file (3) There is no file * 1 2 3

available on community services and resources including names, addresses, telephone, type of services, language spoken, fee schedules.

#12 (1) There is an (3) There is no * 1 2 3

established system by which Head Start staff informs parents about community resources and services in a variety of ways - written communications, individual conferences, group meetings.

#13 (1) There is a (3) There is no * 1 2 3

parent orientation at the beginning of the year which includes discussion of individual and community needs and establishes the idea that parent groups can work with other community groups to solve problems facing the community - - through working with public officials, welfare rights organizations, lodges, drug rehabilitation groups, etc.

#14 (1) Staff does (3) Staff does not * 1 2 3

get involved as advocate or spokesman in advocating better or new services by community agencies for Head Start families.

#15 (1) The family is contacted (3) There is not family contact * 1 2 3

by the teacher and/or social worker when a child shows irregular attendance or has been absent for more than three consecutive days, to explore reasons in full, before any termination is processed.

#16 (1) No home visits (3) Home visits * 1 2 3

are made without the consent of the parents.

#17 (1) There is a (3) There is no * 1 2 3

system of written referrals to social services staff concerning families who need home visits.

#18 (1) There is (3) There is no * 1 2 3

coordination with the teacher, whenever the social worker initiates home visits.

SOCIAL SERVICES

COMMENTS:

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RECOMMENDATIONS:

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_____

This evaluation was completed by _____
(Name)

_____
(Agency)

Date: _____

Check One:

_____Staff

_____Parent

_____Volunteer

EVALUATION OF MENTAL HEALTH

at _____
Agency

A. OBJECTIVES

1. ASSIST ALL CHILDREN PARTICIPATING IN THE PROGRAM IN EMOTIONAL, COGNITIVE AND SOCIAL DEVELOPMENT TOWARD THE OVERALL GOAL OF SOCIAL COMPETENCE IN COORDINATION WITH THE EDUCATION PROGRAM AND OTHER RELATED COMPONENT ACTIVITIES.

2. PROVIDE HANDICAPPED CHILDREN AND CHILDREN WITH SPECIAL NEEDS WITH THE NECESSARY MENTAL HEALTH SERVICES WHICH WILL ENSURE THAT THE CHILD AND HIS FAMILY ACHIEVE THE FULL BENEFITS OF PARTICIPATION IN THE PROGRAM.

3. PROVIDE STAFF AND PARENTS WITH AN UNDERSTANDING OF CHILD GROWTH AND DEVELOPMENT, AND APPRECIATION OF INDIVIDUAL DIFFERENCES, AND THE NEED FOR A SUPPORTIVE ENVIRONMENT.

4. PROVIDE FOR PREVENTION, EARLY IDENTIFICATION AND EARLY INTERVENTION IN PROBLEMS THAT INTERFERE WITH A CHILD'S DEVELOPMENT.

5. DEVELOP A POSITIVE ATTITUDE TOWARD MENTAL HEALTH SERVICES AND A RECOGNITION OF THE CONTRIBUTION OF PSYCHOLOGY, MEDICINE, SOCIAL SERVICES, EDUCATION AND OTHERS TO THE MENTAL HEALTH PROGRAM.

6. MOBILIZE COMMUNITY RESOURCES TO SERVE CHILDREN WITH PROBLEMS THAT PREVENT THEM FROM COPING WITH THEIR ENVIRONMENT.

B. PERFORMANCE

			Exceeds	Meets		Needs immediate action
#1	(1) There is a	(3) There is no	#	1	2	3

specific staff member responsible for mental health services (may be combined with other duties)

#2 Mental Health Professional

(1) There is (3) There is not # 1 2 3

a Mental Health Professional available, at least on a consultation basis, to the program and the children.

#3 (1) Assistance (3) No assistance # 1 2 3

is given by the Mental Health Professional to staff and parents in planning mental health program activities — preferably at the beginning of the program year (first two months).

#4 (1) Advice and information is (3) There is no advice or information * 1 2 3

given by the Mental Health Professional to staff and parents on activities and community resources relevant to mental health such as: the specific services offered by certain resources — for children with learning disabilities or for young children, availability of different community mental health agencies; the quality of services.

#5 (1) Advice and information is (3) There is no advice and information * 1 2 3

given by the Mental Health Professional/to staff and parents/about workshops, meetings and classes in mental health.

#6 (1) At least every three months (3) Infrequently * 1 2 3

the information detailed in #4 and #5, is updated by the Mental Health Professional.

#7 (1) There is involvement (3) There is no involvement * 1 2 3

in the community being served, on the part of the Mental Health Professional.

#8 (1) The Mental Health Professional does (3) The Mental Health Professional does not * 1 2 3

act as a strong advocate for mental health services to young children and their families.

#9 (1) At least once a month (3) No * 1 2 3

training sessions are conducted by the Mental Health Professional with Head Start staff.

#10 (1) A good deal more than (3) Less than * 1 2 3

twice a year the Mental Health Professional visits classrooms to observe specific children at the request of the teacher and social worker, and consults with staff, on those children.

#11 (1) Provision is made (3) There is no provision * 1 2 3

for the Mental Health Professional to conduct an orientation session with parents during the first two months of the program year and to be available to parents to discuss mental health problems at least two days a month.

#12 The Mental Health Professional * 1 2 3

(1) does (3) does not

advise and assist in screening, evaluation and providing special help for children with atypical behavior or development when requested.

#13 If referral to a mental health facility is indicated or if a special education program in the classroom is planned, advice to staff (social worker, teacher, nurse) and parents and follow up with periodic consultation with staff and parents * 1 2 3

(1) is provided (3) is not provided

by the Mental Health Professional.

#14 (1) There is (3) There is no * 1 2 3

joint planning of all of the above activities (#12, #13) by the Mental Health Professional in conjunction with Mental Health Staff.

#15 Staff and parents must interact in variety of group settings on a regular basis to address problems of specific children, and a Mental Health Professional must be present periodically at these sessions.

(1) At least five times a year (3) Less than five a year * 1 2 3

the staff and parents meet, with the Mental Health Professional present at least two of these meetings.

#16 (1) Whenever (3) There is no requirement that * 1 2 3

the child is referred for special mental health services outside the delegate agency, the written consent of the parent must be obtained.

#17 <u>Utilizing Community Mental Health Resources</u>

(1) There is a (3) There is no * 1 2 3

written guideline or procedure for utilizing community mental health resources.

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18 (1) There is a (3) There is no * 1 2 3

specific central staff member responsible for maintaining an up-to-date file on community mental health resources, (incl. contact persons at these facilities, proper referral procedure, etc.)

#19 (1) There is (3) There is no * 1 2 3

written record showing utilization of community resources, --such as records of referral and follow up of children and their families.

#20 (1) There is (3) There is no * 1 2 3

written procedure for making knowledge about community mental health resources available to other staff and parents.

#21 (1) The mental health staff does (3) The mental health staff does not * 1 2 3

consult all available health information /meet with the health component staff/examine medical records/in order to determine whether emotional and/or behavior problems have a physical basis.

#22 (1) There is a procedure (3) There is no procedure * 1 2 3

to be sure that all mental health information is kept confidential - - files are locked, and only authorized persons have access to them.

#23 Early Identification, and Early Intervention

(1) There is concern and a plan (3) There is no concern * 1 2 3

for early identification and early intervention to deal with problems that will interfere with a child's development.

#24 (1) There is a (3) There is no * 1 2 3

plan and program to develop a more positive attitude toward mental health services, as well as knowledge of the help that can be provided.

#25 (1) There is (3) There is no * 1 2 3

coordination between Mental Health component and the Education program, to insure that each child is provided with an educational program keyed to his developmental level so that he may succeed.

#26 The "at-risk" child

(1) There is (3) There is no * 1 2 3

training of staff and parents in reviewing medical and family history of each child to identify when he is "at risk", and to plan for follow through.

Mental Health Services

COMMENTS:

RECOMMENDATIONS:

This evaluation was completed by _____
(Name)

_____
(Agency)

Date: _____

Check One:

_____Staff

_____Parent

_____Volunteer

EVALUATION OF PARENT INVOLVEMENT

at _____
Agency

A. OBJECTIVES

1. PROVIDE A PLANNED PROGRAM OF EXPERIENCES AND ACTIVITIES WHICH SUPPORT AND ENHANCE THE PARENTAL ROLE AS THE PRINCIPAL INFLUENCE IN THEIR CHILD'S EDUCATION AND DEVELOPMENT.

2. PROVIDE A PROGRAM THAT RECOGNIZES THE PARENTS AS:

   a. RESPONSIBLE GUARDIANS OF THEIR CHILDREN'S WELL BEING.

   b. PRIME EDUCATORS OF THEIR CHILDREN.

   c. CONTRIBUTORS TO THE HEAD START PROGRAM AND TO THEIR COMMUNITIES.

3. PROVIDE THE FOLLOWING KINDS OF OPPORTUNITIES FOR PARENT PARTICIPATION:

   a. DIRECT INVOLVEMENT IN DECISION MAKING IN PROGRAM PLANNING AND OPERATIONS.

   b. PARTICIPATION IN CLASSROOM AND OTHER PROGRAM ACTIVITIES AS PAID EMPLOYEES, VOLUNTEERS OR OBSERVERS.

   c. ACTIVITIES FOR PARENTS WHICH THEY HAVE HELPED TO DEVELOP.

   d. WORKING WITH THEIR OWN CHILDREN IN COOPERATION WITH HEAD START STAFF.

B. PERFORMANCE

			Exceeds	Meets		Needs immediate action
#1	Master Plan					
	(1) There is a written master plan developed by all staff which specifies the involvement of parents in all components (education, multi-lingual and multi-cultural education, social services, health, mental health, nutrition).	(3) There is not a	*	1	2	3
#2	Master Plan: Parent Participation					
	(1) Parents have participated with staff in the development of the master plan.	(3) Parents have not	*	1	2	3

#3 Master Plan: Education and Career Development

(1) There is (3) There is no * 1 2 3

information available in the master plan on basic adult education, literacy skills, or classes leading to high school equivalency certificate, employment skills or personal development, planned in co-operation with other community agencies.

#4 (1) There are (3) There are no * 1 2 3

established channels of communication for making information on educational and career development available to parents.

#5 Voluntary Parent Participation

(1) There is (3) There is not * 1 2 3

encouragment by all staff, of parents to participate in the program on a voluntary basis --- rather than requiring participation as a condition of enrollment.

#6 The Head Start Center Committee: Composition

(1) There is (3) There is not 1 2 3

a Head Start Center Committee at each center (site) made up of parents whose children are enrolled at that center.

#7-10 The Head Start Center Committee: Functions

#7 (1) The Head Start Center Committee does (3) The Head Start Center Committee does not * 1 2 3

help teacher, center director and other persons responsible for the development and operation of every component including curriculum in the Head Start program.

#8 (1) The Center Committee does (3) The Center Committee does not * 1 2 3

work closely with teachers and component staff to carry out daily programs.

#9

(1) The Center Committe does (3) The Center Committee does not * 1 2 3

plan, conduct and participate in informal and formal programs and activities.

#10 The Head Start Center Committee: Functions

(1) The Center Committe does (3) The Center Committee does not * 1 2 3

help recruit and screen center employees within guidelines established by OEO/HEW., the Grantee Council and Board and Delegate Agency Committee and Board.

#11 Delegate Agency Head Start Policy Committee

(1) There is (3) There is not * 1 2 3

a Head Start Policy Committee at least 50% of whom are parents with children presently in the agency's program and includes community representatives.

#12 Approval and Community Representatives

(1) Community Representatives are (3) Community Representatives are not * 1 2 3

approved by the elected members of the Head Start Committee.

#13 Policy Committee: Planning Functions

(1) The Head Start Policy Committee does (3) The Head Start Policy Committee does not * 1 2 3

consult when child development needs in the area to be served are identified.

#14 Planning Functions

(1) The Head Start Policy Committee does (3) The Head Start Policy Committee does not * 1 2 3

approve or disapprove established goals for Head Start Programs. Approves or disapproves the standards for meeting goals (within HEW guidelines).

#15 Planning Functions

(1) The Head Start Policy Committee does (3) The Head Start Policy Committee does not * 1 2 3

approve or disapprove plans for use of all available resources in Head Start.

#3 Master Plan: Education and Career Development

(1) There is (3) There is no * 1 2 3

information available in the master plan on basic adult education, literacy skills, or classes leading to high school equivalency certificate, employment skills or personal development, planned in co-operation with other community agencies.

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established channels of communication for making information on educational and career development available to parents.

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#14 Planning Functions

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approve or disapprove established goals for Head Start Programs. Approves or disapproves the standards for meeting goals (within HEW guidelines).

#15 Planning Functions

(1) The Head Start Policy Committee does (3) The Head Start Policy Committee does not * 1 2 3

approve or disapprove plans for use of all available resources in Head Start.

#16 Planning Functions

(1) The Head Start Policy Committee does (3) The Head Start Policy Committee does not * 1 2 3

approve or disapprove plans for recruitment of children.

#17 Policy Committee: Administrative functions

(1) The Head Start Policy Committee does (3) The Head Start Policy Committee does not * 1 2 3

approve or disapprove determination of the appropriate Policy Group and the method for setting it up.

#18 Administrative functions

(1) The Policy Committee does (3) The Policy Committee does not * 1 2 3

decide what kinds of services should be provided to Head Start from the agency.

#19 Administrative functions

(1) The Policy Committee does (3) The Policy Committee does not * 1 2 3

establish a method of hearing and resolving community complaints about the Head Start program.

#20 Administrative functions

(1) The Policy Committee does (3) The Policy Committee does not * 1 2 3

see that standards for acquiring space, equipment and supplies are met.

#21 Policy Committee: Personnel Responsibilities

(1) The Policy Committee does (3) The Policy Committee does not * 1 2 3

approve or disapprove Head Start personnel policies (including establishment of hiring and firing criteria for Head Start staff, career development plans and employee grievance procedures).

#22 Personnel Responsibilities

(1) The Policy Committee does (3) The Policy Committee does not * 1 2 3

approve or disapprove the hiring and firing of Head Start Directors.

#23 Personnel Responsibilities

(1) The Policy Committee does (3) The Policy Committee does not * 1 2 3

approve or disapprove the hiring and firing of #taff.

#24 Policy Committee: Grant Application Process

(1) The Policy Committee does (3) The Policy Committee does not * 1 2 3

approve or disapprove: the request for funds and proposed work program before sending it to grantee.

#25 Grant Application Process

(1) The Policy Committee does (3) The Policy Committee does not * 1 2 3

approve or disapprove major changes in budget and work program while program is in operation.

#26 Grant Application Process

(1) The Policy Committee does (3) The Policy Committee does not * 1 2 3

approve or disapprove information needed for pre-review, which is provided to Policy Committee.

#27 Policy Committee: Evaluation Function

(1) The Policy Committee does (3) The Policy Committee does not * 1 2 3

conduct an annual self-evaluation of the Head Start program.

#28 Communication with Policy Committee

(1) There are (3) There are no * 1 2 3

established channels through which the Policy Committee regularly receives information relative to all its functions.

#29 Communication: Parent-Staff

(1) Policy Committee has (3) Policy Committee has not * 1 2 3

participated in the planning and development of the parent-staff communication system.

#30 Training Sessions

(1) There is (3) There is not * 1 2 3

a planned training program on development of skills, attitudes and knowledge of policies and standards to effectively coordinate and integrate efforts of parents, staff in all components, administrators, and members of the governing board.

#31 Training Sessions

(1) There is (3) There is not * 1 2 3

a planned training program on development of skills, attitudes and knowledge of policies and standards to effectively coordinate and integrate local program goals with those of other community agencies and institutions concerned with and serving children and families.

#32 Training Sessions

(1) The training program is (3) The training program is not * 1 2 3

implemented. (Refers to training program outlined in questions 30 and 31).

#33 Individual Parent Conferences

(1) Staff informs (3) Staff does not inform * 1 2 3

parents that they are entitled to individual conferences concerning the assessment of their children's needs and progress.

#34 Community Resources

(1) Parent Involvement staff meets (3) Parent Involvement staff does not meet * 1 2 3

with parents on a regular basis to assess the kinds of community resources needed.

#35 Community Resources

(1) Parent Involvement staff meets (3) Parent Involvement staff does not meet * 1 2 3

with parents on a regular basis to share experiences and knowledge of community resources.

#36 Addresses and Phone Numbers

(1) There is (3) There is not * 1 2 3

an up-dated list of addresses and telephone numbers of parents maintained by the Parent Involvement Staff.

#37 Records of Meetings

(1) Minutes are (3) Minutes are not * 1 2 3

taken of all parent meetings.

Parent Involvement

COMMENTS:

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RECOMMENDATIONS:

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_____

This evaluation was completed by _____
(Name)

_____
(Agency)

Date: _____

Check One:

_____Staff

_____Parent

_____Volunteer

EVALUATION OF TRAINING AND CAREER DEVELOPMENT

at _____ _____
Agency

A. OBJECTIVES

1. IMPROVE AND EXPAND THE SERVICES OFFERED IN THE FIELDS OF HEALTH, EDUCATION, AND SOCIAL WELFARE.
2. TRAIN THE STAFF NECESSARY FOR THIS IMPROVEMENT.
3. PROVIDE MEANINGFUL AND PRODUCTIVE JOBS IN ALL AREAS OF THE ECONOMY FOR THE UNDEREMPLOYED AND UMEMPLOYED.

B. PERFORMANCE

		Exceeds	Meets		Needs immediate action
#1	Career Development Plan				
	(1) There is a (3) There is no written Career Development Plan which clearly states the goals of Head Start Career Development.	*	1	2	3
#2	Career Development Committee: Staff diversity				
	(1) There is (3) There is not staff from all components on the Career Development Committee.	*	1	2	3
#3	Career Development Committee: Staff diversity				
	(1) There is (3) There is not staff from all levels of employment on the Career Development Committee.	*	1	2	3
#4	Career Development Committee: Nonprofessionals				
	(1) There are (3) There are not at least 50% nonprofessionals included on the Career Development Committee.	*	1	2	3
#5	Career Development Committee: Representatives from other public and private organizations				
	(1) There are (3) There are no representatives from public and private organizations (e.g., employment services, federally funded training programs, colleges and universities) on the Career Development Committee.	*	1	2	3

#13 Career Development Co-ordinator: Advisor

(1) The Career Development Coordinator is an (3) The Career Development Co-ordinator is not an * 1 2 3

advisor to the Career Development Committee.

#14 Job Development Plan

(1) There is a (3) There is no * 1 2 3

written job development plan.

#15 Recruitment

(1) There is a (3) There is no * 1 2 3

systematic process of recruiting staff from all possible sources within the community.

#16 Long-term Training and Education Plan

(1) There is a (3) There is no * 1 2 3

comprehensive long-term training and education plan which is an integral part of the over-all Career Development Plan. It covers pre-service and in-service training/basic education/ vocational and technical training/and specialized academic and nonacademic training as related to the operation of the Head Start Program.

#17 Career Ladders: Professional and Nonprofessional

(1) There is a (3) There is no * 1 2 3

system of career ladders for both professional and non-professional staff.

#18 Career Ladders: All components

(1) There is a (3) There is no * 1 2 3

system of career ladders for all components.

#19 Career Ladders: Vertical mobility

(1) There is a (3) There is no * 1 2 3

system of career ladders which provides for vertical mobility (e.g., from teacher assistant to teacher).

#6 Career Development Committee: Meetings

(1) There is (3) There is not * 1 2 3

a monthly meeting of the Career Development Committee.

#7 Career Development Committee: Selection of Trainees

(1) The Career Development Committee does (3) The Career Development Committee does not * 1 2 3

establish criteria for the selection of trainees.

#8 Career Development Committee: Training

(1) The Career Development Committee does (3) The Career Development Committee does not * 1 2 3

make recommendations on relevant and appropriate training, education courses, and pre-service and in-service curricula.

#9 Career Development Position

(1) Career development is the joint responsibility of a professional and a nonprofessional person. * 1 2 3

(3) There is no designated person responsible for career development.

#10 Career Development Co-ordinator

(1) The Career Development Co-ordinator does (3) The Career Development Co-ordinator does not * 1 2 3

inform and counsel Head Start Staff members as to career opportunities.

#11 Career Development Co-ordinator: Trainer

(1) The Career Development Co-ordinator does (3) The Career Development Co-ordinator does not * 1 2 3

implement comprehensive in-service training programs as set forth in the Career Development Plan.

#12 Career Development Co-ordinator: Trainer

(1) The Career Development Co-ordinator does (3) The Career Development Co-ordinator does not * 1 2 3

function as the trainer in the various training programs available to Head Start Staff.

#20 Career Ladders: Horizontal mobility

(1) There is a (3) There is no * 1 2 3

system of career ladders which provides for horizontal mobility (e.g., from health assistant to teacher assistant).

#21 Promotion and Compensation

(1) There is an (3) There is no * 1 2 3

established system which provides staff with the opportunity for advancement and appropriate compensation.

#22 Release Time

(1) The program provides (3) The program does not provide * 1 2 3

educational release time according to the contract.

#23 Evaluation of the Career Development Plan

(1) There is a (3) There is no * 1 2 3

clearly defined evaluation system which provides for an assessment of whether the career development plan is meeting its stated goals.

Training and Career Development

COMMENTS:

RECOMMENDATIONS:

This evaluation was completed by: _____
(Name)

_____
(Agency)

Date: _____

Check One:

_____Staff

_____Parent

_____Volunteer

EVALUATION OF NUTRITION

AT_____

Agency

A. OBJECTIVES

1. PROVIDE FOOD WHICH WILL HELP MEET THE CHILD'S DAILY NUTRITIONAL NEEDS IN THE CHILD'S HOME OR IN A CLEAN AND PLEASANT ENVIRONMENT RECOGNIZING INDIVIDUAL DIFFERENCES AND CULTURAL PATTERNS AND THEREBY PROMOTE SOUND PHYSICAL, SOCIAL, AND EMOTIONAL GROWTH AND DEVELOPMENT.

2. PROVIDE AN ENVIRONMENT FOR NUTRITIONAL SERVICES WHICH WILL SUPPORT AND PROMOTE THE USE OF THE FEEDING SITUATION AS AN OPPORTUNITY FOR LEARNING.

3. HELP STAFF, CHILD AND FAMILY TO UNDERSTAND THE RELATIONSHIP OF NUTRITION TO HEALTH, FACTORS WHICH INFLUENCE FOOD PRACTICES, VARIETY OF WAYS TO PROVIDE FOR NUTRITIONAL NEEDS AND TO APPLY THIS KNOWLEDGE IN THE DEVELOPMENT OF SOUND FOOD HABITS EVEN AFTER LEAVING THE HEAD START PROGRAM.

4. DEMONSTRATE THE INTERRELATIONSHIPS OF NUTRITION TO OTHER ACTIVITIES OF THE HEAD START PROGRAM AND ITS CONTRIBUTION TO THE OVERALL CHILD DEVELOPMENT GOALS.

5. INVOLVE ALL STAFF, PARENTS AND OTHER COMMUNITY AGENCIES AS APPROPRIATE IN MEETING THE CHILD'S NUTRITIONAL NEEDS SO THAT NUTRITIONAL CARE PROVIDED BY HEAD START COMPLEMENTS AND SUPPLEMENTS THAT OF THE HOME AND COMMUNITY.

B. PERFORMANCE

		Exceeds	Meets		Needs immediate action
#1	Nutrition assessment data				
	(1) Nutritionist has (3) Nutritionist has not obtained nutrition assessment data (weight, height, hemaglobin, hematocrit) on each child within the first six weeks after enrollment/using them in planning the nutrition program.	*	1	2	3
#2	Community Nutrition Problems				
	(1) Nutritionist talks with parents about food perferences, eating habits and dietary needs, and notes them on her record. She passes this information on to the teacher.	*	1	2	3
	(3) No information on special dietary needs, eating habits, and food preferences and feeding problems is available.				
#3	Community Nutrition Problems				
	(1) Nutritionist is (3) Nutritionist is not familiar with community nutrition problems/using the information as a basis for planning.	*	1	2	3

#4 Census

(1) Nutritionist is (3) Nutritionist is not * 1 2 3

notified of the meal census for children, staff and parents or guests.

#5 Posted Schedules

(1) There is a (3) There is no * 1 2 3

posted schedule of meal and snack time.

#6 Meeting the child's daily nutritional needs

(1) A posted menu indicates clearly that at least 1/3 of the daily nutritional requirement for the child is met. * 1 2 3
(3) Children receive food that provides less than 1/3 of his daily nutritional needs.

#7 Policy

(1) There is a (3) There is no * 1 2 3

written policy prepared by the nutrition and health staff on feeding children according to their nutritional and developmental needs.

#8 Federal nutrition standards

(1) There is (3) There is not * 1 2 3

an available copy of one or more of the Federal Guidance materials (such as Head Start Rainbow Series).

#9 Food not used as punishment or reward

(1) Children are encouraged but not forced to eat. * 1 2 3
(3) Food is used as punishment or reward; children are forced to eat.

#10 Sufficient time

(1) There is (3) There is not * 1 2 3

sufficient time allowed for children to eat.

#11 Breakfast when needed

(1) There is a (3) There is no * 1 2 3

provision made to provide breakfast for children arriving by 9 o'clock who have not eaten at home.

#12 Hot Meals

(1) There are (3) There are not * 1 2 3

hot meals served at least three times a week.

#13 Variety of Foods

(1) There are (3) There are not * 1 2 3

a variety of foods being served to broaden the child's food experience.

#14 Children and Staff: Menu

(1) Children and adults share the same menu. * 1 2 3

(3) Adults have a menu different from that of the children.

#15 Children and Staff: Eating together

(1) Children and regular staff at the site sit and eat together. * 1 2 3

(3) Children and regular staff at the site sit and eat at separate tables.

#16 Socializing at meals

(1) Meal time is a socializing experience for children and staff. * 1 2 3

(3) Children are not allowed to talk at meal time.

#17 Chairs and Tables

(1) There are (3) There are no * 1 2 3

child size chairs and tables used at meals.

#18 Utensils

(1) There are (3) There are not * 1 2 3

eating utensils suitable for the developmental level of the children.

#19 Input to Education

(1) There is (3) There is not * 1 2 3

an integration of the subject of food into the total education program (e.g., language activities, science activities).

#20 Meals as education

(1) Meals are (3) Meals are not * 1 2 3

utilized as opportunities for educational activities (e.g., language, shapes and colors).

#21 Involvement of Children

(1) There are (3) There are not * 1 2 3

opportunities provided for the children to help with the preparation of food.

#22 Involvement of Children

(1) There are (3) There are no * 1 2 3

children involved in activities related to meal service (such as helping to set or clear the table, serving themselves).

#23 Parent Involvement

(1) There is (3) There is no * 1 2 3

involvement of parents in the planning, implementing and evaluating of the nutrition program.

#24 Meetings with Parents

(1) There are (3) There are no * 1 2 3

meetings with parents to discuss their child's nutritional needs.

#25 Parent Education

(1) There is (3) There is no * 1 2 3

education provided to parents (through individual counseling, group meetings and pamphlets) on basic nutrition, and how to select and prepare foods to meet family needs.

#26 Consumer Education

(1) There are (3) There are no * 1 2 3

opportunities for consumer education provided in a variety of ways (through individual counseling, group meetings, written and printed information, announcements of classes in consumer education).

#27 Staff Education

(1) There are (3) There are no * 1 2 3

meetings between the nutritionist and all other component staff to educate everyone about: principles of nutrition and their application to child development and family health/ways to create good physical, social and emotional environments which support and promote development of sound food habits/and their role in helping the child and the family achieve adequate nutrition.

#28 Knowledge of Programs

(1) Staff is (3) Staff is not * 1 2 3

knowledgable about Food Assistance Programs: shares with parents information on program criteria, and how and where to apply.

#29 Training

(1) There is (3) There is no * 1 2 3

on-going, regularly scheduled, in-service training for all food service staff in the areas of food preparation and storage, sanitation and personal hygiene.

#30 Certificates

(1) There are (3) There are no * 1 2 3

posted licensing and inspection certificates indicating compliance with local/state standards regarding storage, preparation, and service of foods.

#31 Vendors

(1) Food and beverage vendors do (3) Food and beverage vendors do not * 1 2 3

meet local/state and Federal Codes. (A list of vendors' names and addresses is available at delegate agency so that compliance of vendors can be checked if necessary.)

#32 Records

(1) There are (3) There are no * 1 2 3

Food Purchasing Records available.

#33 Budget

(1) There is a (3) There is no * 1 2 3

copy of the Food Service Budget in the nutritionist's files.

Nutrition

COMMENTS:

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RECOMMENDATIONS:

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_____

This evaluation was completed by _____
(Name)

_____
(Agency)

Date: _____

Check One:

_____Staff

_____Parent

_____Volunteer

EVALUATION OF VOLUNTEER PROGRAM

at_____
Agency

A. OBJECTIVES

EVERY HEAD START PROGRAM MUST USE VOLUNTEERS TO THE FULLEST EXTENT POSSIBLE. VOLUNTEERS MAY BE EITHER PROFESSIONALS OR NON-PROFESSIONALS.

B. PERFORMANCE

		Exceeds	Meets		Needs immediate action
#1	Volunteer Coordinator				
	(1) There is (3) There is not	*	1	2	3
	a specific person responsible for the volunteer program (may be combined with other duties.)				
#2	Recruitment And Administration				
	(1) There is (3) There is not	*	1	2	3
	a plan outlining the recruitment and administration of volunteer services.				
#3	Volunteer Resources				
	(1) There is available (3) There is not available	*	1	2	3
	an up-dated list of individuals and groups (agencies, volunteer bureau, community organizations, educational institutions) which represent potential volunteer resources.				
#4	Records				
	(1) There are (3) There are no	*	1	2	3
	accurate records kept on all volunteers/Cards showing date, arrival-departure time, task, calculation as to value of service (based on service rate scale) and signature of volunteer and supervisor.				
#5	In-Kind Contribution				
	(1) Monthly reports are (3) Monthly reports are not	*	1	2	3
	submitted on in-kind contributions on or before the 12th of the month following the reporting month.				
#6	TB Clearance				
	(1) Classroom volunteers (3) Classroom volunteers do not	*	1	2	3
	have a TB clearance,				
#7	Orientation				
	(1) There is (3) There is no	*	1	2	3
	evidence that volunteers are oriented about Head Start philosophy and goals before working in the program.				

#8 Training

(1) There is (3) There is no * 1 2 3

training for volunteers: attendance at staff meetings when appropriate/ conferences with staff under whose supervision they work.

#9 Insurance

(1) Volunteers are (3) Volunteers are not * 1 2 3

covered by liability insurance for accidents and transportation liability insurance.

Volunteer Program

COMMENTS:

RECOMMENDATIONS:

This evaluation was completed by _____
(Name)

_____
(Agency)

Date: _____

Check One:

_____Staff

_____Parent

_____Volunteer

EVALUATION OF ADMINISTRATION

at_____
Agency

A. OBJECTIVES*

1. THE OVERALL GOAL OF HEAD START IS TO BRING ABOUT A GREATER DEGREE OF SOCIAL COMPETENCE IN DISADVANTAGED CHILDREN.

2. THE CHILD'S ENTIRE FAMILY, AS WELL AS THE COMMUNITY, MUST BE INVOLVED.

3. A COMPREHENSIVE, INTERDISCIPLINARY PROGRAM TO FOSTER THE CHILD'S DEVELOPMENT AND REMEDY HIS PROBLEMS, INVOLVES A BROAD RANGE OF SERVICES:

   - EDUCATION
   - SOCIAL SERVICES
   - PARENT INVOLVEMENT
   - HEALTH SERVICES, INCLUDING
     - MEDICAL
     - DENTAL
     - MENTAL HEALTH
     - NUTRITION

   AND A VARIETY OF ACTIVITIES:

   - RECRUITMENT
   - VOLUNTEERS
   - TRAINING AND CAREER DEVELOPMENT

B. PERFORMANCE

		Exceeds	Meets		Needs immediate action
#1	Administration and Funding Sources Administration must submit proposals and all other required reports on time. (1) Administration generally does (3) Administration does not meet deadlines for proposals and other required reports.	*	1	2	3
#2	Administration must ensure compliance to federal (and state) guidelines at administration level. (1) Administration acts promptly (3) Administration is lax in ensuring compliance to federal (and state) guidelines at central administration level (e.g., action to meet special conditions).	*	1	2	3
#3	Administration must ensure compliance to federal (and state) guidelines at the other agency levels under their jurisdiction. (1) Administration does (3) Administration does not enforce compliance to federal (and state) guidelines at all agency levels. (Administration is both aware of violations and acting to ensure compliance).	*	1	2	3

* Adapted from "Goals" of Head Start Policy Manual, 1-8-73, OCD Notice N-30-364-1 on Head Start Performance Standards, p. 6, 7, 8.

#4-5 Head Start and Governing Board

#4 There must be representation from the Head Start Program on the Board of Directors or the delegate agency or grantee

(1) There is (3) There is no * 1 2 3

representation from the Head Start Program on the Board of Directors of the delegate agency or grantee.

#5 The Grantee Board must receive information on a regular basis about the Head Start Program.

(1) There is (3) There is no * 1 2 3

provision for the Board to receive information about the Head Start program on a regular basis (at least once every two months) rather than only at the time of the approval of the Head Start proposal.

#6-7 Administration and Policy Council (or Committee)

#6 The Head Start Director must provide necessary information received from the funding sources to the Policy Council (or Committee) on a timely basis.

(1) There is a (3) There is no * 1 2 3

clearly defined procedure for providing necessary information received from the funding sources to the Policy Council (or Committee) as soon as possible.

#7 Administration must provide training to the Policy Council (or Committee) concerning Head Start policies, guidelines, performance standards and proposals.

(1) Comprehensive and timely training is provided to the Policy Council (or Committee) by administration. * 1 2 3

(3) Training of the Policy Council (or Committee) concerning Head Start policies, guidelines, performance standards and proposals is inadequate - too little and too late.

#8 -#10 Head Start Policy Council (or Committee)

#8 The Head Start Policy Council (or Committee) composition must be at least 50% parents of Head Start children presently enrolled in the program.

(1) At least 50% (3) Less than 50% * 1 2 3

of the Head Start Policy Council (or Committee) are parents of Head Start children presently enrolled in the program.

#9 Head Start Policy Council (or Committee) (Cont'd)

The Head Start Policy Council (Committee) must include representatives from the community.

(1) There are (3) There are no * 1 2 3

representatives of the community included in the Head Start Policy Council (Committee).

#10 a. All community representatives to the Head Start Policy Council (or Committee) must be approved by the elected parent members of that body.

(1) All (3) Only some * 1 2 3

representatives of the community who function on the Head Start Policy Council (Committee) are approved by the elected parent members of that body.

NOTE: Head Start Policy Council (Committee) general functions are detailed in the Parent Involvement Component Evaluation section.

#10 b. The Policy Council (or Committee) will function on a regular basis.

During this program year, the Policy Council (or Committee) has met * 1 2 3

(1) at least once a month (3) less than once a month

#11-15 Administration and Agencies

#11 The Head Start Director must provide necessary information received from funding sources or distributed to or received from units within the administration's responsibility, to all appropriate Head Start staff of all units on a timely basis.

(1) There is an (3) There is no * 1 2 3

established procedure for providing this necessary information to all appropriate staff of all units, as soon as possible after it is received.

#12 The Head Start Director must keep up-to-date on program activities of all agencies or units for which the Director is responsible.

(1) There is an (3) There is no * 1 2 3

established procedure for providing the Head Start Director with up-to-date information on program activities of all agencies or units within the Director's responsibility.

#13 The Head Start Director must provide leadership in improving existing programs.

(1) Leadership is provided (3) There is little concern shown * 1 2 3

by the Head Start Director in improving existing programs (e.g., awareness of existing problems and deficiencies and provision of technical assistance through Central administration staff).

#14 The Head Start Director must provide leadership in initiating new programs.

(1) An active role (3) No or little initiative * 1 2 3

is taken by the Head Start Director in initiating new programs.

#15 The Head Start Director must inform the responsible personnel in the units or agencies under his direction, and the Policy Council (Committee), in writing, about the kinds of technical assistance available from the central administration.

(1) Information is (3) Information is not * 1 2 3

provided to units or agencies and Policy Council(Committee) in writing, about the kinds of technical assistance available from administration staff, including the names of staff members responsible for different kinds of technical assistance.

#16-20 General Administration

#16 Administration must have a written organization chart.

(1) There is a currently valid organization chart. (3) There is no * 1 2 3

#17 Administration must have a master calendar.

(1) There is a master calendar at the administration headquarters. (3) There is not * 1 2 3

#18 The Head Start Director must hold regular staff meetings with all supervisors, coordinators, and specialists.

(1) At least twice a month meeting of supervisors, specialist and coordinators with the Head Start Director are held. (3) No regular * 1 2 3

#19 a. Administration must hold regular general staff meetings which will include all employees.

(1) At least once a quarter general staff meetings which include all employees are held. (3) No regular * 1 2 3

#19 b. Records of a genda and minutes of s[illegible] meetings must be maintained

(1) There are records of agenda and minutes of staff meetings on file. There are not * 1 2 3

#20 Planning for program improvement (specifying goals, objectives, and their implementation), including administration, representative staff and parents must take place.

(1) At least 3 times a year program planning meetings are held. (3) No regular * 1 2 3

#21-26 Fiscal Management: Administration and Funding Sources

#21 Timely fiscal reports must be submitted to the funding sources.

(1) Generally, (3) Only occasionally, * 1 2 3

the monthly fiscal reports are submitted on time.

#22 Accurate fiscal reports must be submitted to the funding sources.

(1) Only occasionally (3) Often * 1 2 3

the monthly fiscal reports require corrections.

#23 Fiscal Management: In-house

The accountant must provide the Head Start Director with regular comparative financial reports to enable the Director to control and plan program budgeting.

(1) The accountant does (3) The accountant does not * 1 2 3

submit a monthly report to the Director, which includes all items specified by funding source.

#24 Audit

There must be an annual audit at the central administration, conducted in accordance with OEO guidelines.

(1) There has been (3) There has not been * 1 2 3

an annual audit, conducted according to OEO guidelines.

#25 Personnel

A specific staff member must be responsible for personnel procedures and records.

(1) There is a (3) There is no * 1 2 3

specific person assigned to personnel procedures and records.

#26 The personnel policies and practices code must be updated and will be used as a working document.

(1) There has been (3) There has been no * 1 2 3

revision of personnel code on an on-going basis or at least once a year.

#27-33 Personnel (Cont'd.)

#27 The personnel policies and practices code must be available to all staff and to interested parents.

(1) There has been (3) There has been no * 1 2 3

distribution of the personnel code to all staff and to interested parents annually.

#28 A personnel file must be maintained for each employee and will be kept confidential.

(1) There is (3) There is no * 1 2 3

provision for maintaining personnel records of each employee and for files containing personnel records to be kept in a locked cabinet.

#29 The ethnic make-up of the staff must reflect the population served.

(1) Staff composition does (3) Staff composition does not * 1 2 3

reflect the ethnic composition of population served.

#30 The administration must evaluate the job performance of each employee at least annually.

(1) Each employee has (3) Employees have not * 1 2 3

received a job performance evaluation on his anniversary date, or at least during the last year.

#31 Acceptable salary ranges must be maintained.

(1) Salaries fall within (3) Salaries are below or above * 1 2 3

the ranges of the Head Start salary schedules.

#32 Salaries must conform to the approved budget.

(1) Salaries do (3) Salaries do not * 1 2 3

conform to the approved budget.

#33 An acceptable staffing pattern, as indicated in the approved proposal, must be maintained.

(1) There is conformity in general to (3) There is deviation from * 1 2 3

the staffing pattern which was indicated in the administration proposal.

#34-35 Staff

#34 The functions of all staff members must be clearly defined.

(1) There are (3) There are not * 1 2 3

job descriptions which are up-to-date available for all staff members.

#35 Administration must maintain an optimum level of staff morale.

(1) Staff morale is good (3) Staff morale is generally low * 1 2 3

Note: Base your evaluation of staff morale on responses to the following items:

(1) Staff feel (3) Staff do not feel * 1 2 3

that they are treated fairly.

that they are informed on matters which affect them.

that they have an important or useful role to play.

that their skills are being utilized.

that they have a good working relationship with other components.

Note: Care must be taken that in arriving at this rating, the identity of staff providing information is kept confidential.

#36 Staff Training

Training for Administration staff must be provided on a regular basis.

(1) There are (3) There are no * 1 2 3

provisions of regular training opportunities for clerical staff.

#37

(1) There are (3) There are no * 1 2 3

provisions of regular training opportunities for non-professional staff.

#38 (1) There are (3) There are no * 1 2 3

provisions of regular training opportunities for professional staff.

#39-41 Facilities

#39 Administration offices must be easily accessible to agency staff and parents.

(1) Administration offices are easily accessible. (3) Administration offices are not * 1 2 3

Please state basis for this evaluation: _____

_____

_____

#40 Administration must provide a meeting place for it's agencies, and for parents.

(1) There is a meeting place provided by the administration for parents and agencies or units within this administrations jurisdiction. (3) There is not * 1 2 3

_____

#41 Meeting areas provided for its agencies and parents must be pleasant and comfortable.

(1) Meeting areas are clean, well-lighted and well-heated. * 1 2 3

(3) Meeting areas are dirty, poorly lighted and poorly heated.

_____

#42-43 Resources

#42 The administration must maintain an up-dated file on community resources and volunteers.

(1) There is an up-dated file on community resources and volunteers available. (3) There is no * 1 2 3

_____

#43 The administration's community resources and volunteers must be made available to all units and to the Policy Council (or Committee).

(1) There is established procedure for making the administration's community resources file available to all units and to the Policy Council (Committee). (3) There is no * 1 2 3

_____

#44-47 Health Services Advisory Board

#44 There must be a Health Services Advisory Board.

(1) There is a Health Advisory Board. (3) There is not * 1 2 3

_____

#45 The Health Services Advisory Board membership must include Head Start parents, health services providers and specialists.

(1) All groups (3) Not all groups * 1 2 3

which should be represented on the Health Services Advisory Board are included.

#46 The Health Services Advisory Board must assist program staff in planning the Health Services program, in operating the Health Services program, and in evaluating the Health Services Program.

The Activities of the Health Services Advisory Board

(1) do (3) do not * 1 2 3

cover the full scope of assigned functions.

#47 The Health Services Advisory Board must meet regularly.

The Health Services Advisory Board meets

(1) at least once a month (3) irregularly and infrequently * 1 2 3

NOTE: There may be a joint Health Services Advisory Board including medical health services, dental health services and mental health services or three separate Health Services Advisory Boards (for medical, dental and mental health services). If there are separate Boards, each should meet at least 3 times a year.

#48-52 Administration Career Development Committee

#48 There must be a Central Career Development Committee.

(1) There is a (3) There is no * 1 2 3

Central Career Development Committee.

#49 The permanent members of the Career Development Committee must include non-professionals, parents, and professionals representing each of the units within the agency.

(1) There is (3) There is not * 1 2 3

adequate representation in the Career Development Committee including a non-professional, a parent and a professional representative from each unit.

#50 The Career Development Committee must meet on a regular basis.

The Career Development Committee meets

(1) at least once a month (3) irregularly and infrequently * 1 2 3

#51 Administration Career Development Committee (Cont'd)

The Career Development Committee must coordinate and evaluate the Supplementary Training Programs.

The Supplementary Training Program

(1) is (3) is not * 1 2 3

coordinated and evaluated by the Career Development Committee.

#52 The Career Development Committee must advise the Head Start Director in the development of training plans.

The Career Development Committee

(1) does (3) does not * 1 2 3

advise the Head Start Director in the development of training plans.

#53-56 Management Information System

#53 A management information system must be maintained which meets the needs and requirements of the funding sources.

The management information system * 1 2 3

(1) does meet (3) does not meet

the needs and requirements of the funding sources.

#54 Management information reports must be accurate.

(1) Generally, accuracy is (3) Frequent errors are * 1 2 3

characteristic of the management information reports (as indicated by annual audit of reports conducted by funding sources).

#55 Management information reports must be distributed to all units within the Director's responsibility and Policy Council (Committee) on a timely basis for end of year reporting requirements.

Distribution of management information reports is:

(1) on a timely basis (3) usually too late * 1 2 3

#56 Management information reports must be distributed to all units within the Director's responsibilities and Policy Council (Committee) on a timely basis for on-going operation.

Distribution of management information reports is

(1) on a timely basis to be useful (3) usually too late * 1 2 3

for on-going operation.

#57-61 Program Evaluation

#57 Administration must conduct an evaluation of the Head Start Program at least once a year.

(1) There was (3) There was not * 1 2 3

an evaluation of the Head Start Program conducted by the administration during the current program year.

#58 The evaluation conducted by the administration must include all program components.

(1) There was (3) There was not * 1 2 3

inclusion of all components in the evaluation conducted by the administration.

#59 The evaluation procedure will be developed jointly by central staff, unit staff and parents.

(1) There was (3) There was not * 1 2 3

inclusion of staff from the different agency levels and parents in the development of the evaluation procedure.

#60 The results of the evaluation must be disseminated to all units within the Director's responsibility and to the Policy Council (Committee).

(1) There is (3) There is not * 1 2 3

dissemination of the results of the evaluation, as specified.

#61 The results of the evaluation must be used as a basis for program development.

(1) Action (3) No action * 1 2 3

is being taken by the administration to produce improvement in program components which have been evaluated as deficient.

#62-65 Policy making bodies

#62 Policy making bodies will meet regularly and there will be documentation of meetings.

(1) There are (3) There are not * 1 2 3

Minutes on file for Board and Policy Council (or Committee) meetings.

#63 (1) Monthly (3) Irregular and infrequent * 1 2 3

meetings are held by the Board of Directors and by the Policy Council (or Committee).

#64 The Board of Directors will be structured to include adequate representation of the poor as voting members.

(1) There is adequate (3) There is inadequate * 1 2 3

representation of the poor as voting members on the Board of Directors. (A single purpose agency's Board of Directors is composed of 1/3 voting members who represent the poor or a multi-purpose Agency's Board of Directors Head Start Committee is composed of 1/2 voting members who represent the poor).

#65 The Board of Directors will take an active part in the decision-making process for the Head Start Program.

(1) The Board of Directors does (3) The Board of Directors does not * 1 2 3

make decisions regarding important matters of the Head Start Program.

#66 Record Keeping

All Head Start records will be maintained for an acceptable period of time.

Records are kept for a period of

(1) 3 years (3) less than 3 years * 1 2 3

#67 The administration will develop and maintain adequate procurement policies and procedures.

(1) There are (3) There are no * 1 2 3

written procurement policies and procedures.

#68 The administration ensures that attendance reports are submitted on time.

Attendance reports and accompanying reports

(1) Are (3) Are not * 1 2 3

submitted on time to the administration.

#69 Basic data will be maintained on enrolled children and their progress.

(1) Are (3) Are not * 1 2 3

maintained at the site.

#70 Insurance: There will be adequate insurance coverage which safeguards the program, properties and enrollees.

(1) Insurance coverage is (3) Insurance coverage is not * 1 2 3

complete, including at least student accident, fidelity bonding, liability insurance, fire and theft insurance and vehicle insurance.

#71-72 Inventory

#71 A current property inventory will be maintained.

(1) There is (3) There is not * 1 2 3

an updated inventory of all equipment on file.

#72 A physical inventory of property will be conducted at least annually.

(1) There has been (3) There has not been * 1 2 3

a physical inventory of equipment at the office and all sites conducted within the last year.

#73-74 Non-Federal Share

#73 The agency will meet its non-federal share requirement.

(1) The agency did (3) The agency did not * 1 2 3

meet its non-federal dollar amount as of the last day of the previous month.

#74 The actual in-kind contributions (e.g. rent, supplies, personnel) will correspond to those listed in the budget proposal.

(1) There is (3) There is not * 1 2 3

correspondence between the actual in-kind contributions and those listed in the budget proposal.

#75-76 Office Space

#75 Agency office space will meet cost guidelines.

(1) Cost equals or is less (3) Cost is more * 1 2 3

office space cost guideline of per square foot.

#76 The Administration will maintain adequate leases of all facilities.

(1) There are (3) There are no * 1 2 3

written leases or rent-free agreements on file for the rental of office space and for all sites.

#77 Regulations Governing Sites

The administration will ensure that all sites meet Building and Safety, Fire and Health regulations.

Occupancy permits, fire permits and health certificates

(1) Are (3) Are not * 1 2 3

posted at all sites.

#78 Enrollment

The administration will ensure full enrollment of the children.

(1) There is (3) There is not * 1 2 3

full enrollment in the program

Fees

Note: Complete the following only if there are parents who pay for Head Start.

How many children are covered by fees? _____

#79 Income Vertification

A signed family declaration of income is all that is required to meet the need for income vertification.

(1) These declarations are (3) These declarations are not * 1 2 3

used as vertification of income.

#80 Collection of fees

(1) There is a (3) There is no * 1 2 3

system for collecting fees

#81 Record of fees

(1) There are (3) There are no * 1 2 3

records kept on collected fees.

#82 Use of fees

(1) Fees are (3) Fees are not * 1 2 3

used for approvable Head Start purposes only.

#83 (1) There is a (3) There is no * 1 2 3

system for the reporting of changes in family income.

#84 Confidentiality of income information

(1) Files on income are (3) Files on income are not * 1 2 3

confidential, and use is limited to purposes directly connected with Administration of the Head Start program.

Administration

COMMENTS:

_____

_____

_____

_____

_____

_____

RECOMMENDATIONS:

_____

_____

_____

_____

_____

_____

This evaluation was completed by _____
(Name)

_____
(Agency)

Date: _____

Check One:

_____Staff

_____Parent

_____Volunteer

EVALUATION BY COMPONENT
HEAD START PROGRAM

Component: _____
Date: _____
Class, site, agency (circle one)

Note: Columns can represent classes, sites, or agencies. Circle the unit that applies to you.

Item	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1																				
2																				
3																				
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EVALUATION BY CLASS SITE AGENCY
HEAD START PROGRAM

Date _____
Class Site, Agency _____

Item	Educ.	Bi-Cult. Bi-Ling.	Handi-capped	Facil.	Soc. Serv.	Mental Health	Parent Invol.	Vol-unteer	Training Career Dev.	Health	Nutr.	Admin.
1												
2												
3												
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